

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DNC Services Corp./Dem. Nat'l Committee**

Full Name (Last, First, Middle Initial)

**A. Susan Scott M.D.**

Mailing Address 7025 Ottawa Rd NE

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univeristy Of Nm

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2013

**Transaction ID : C27955109**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Joseph Scuderi**

Mailing Address 51 Waldo Ave

City

East Rockaway

State

NY

Zip Code

11518-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2013

**Transaction ID : C27943071**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Joseph Scuderi**

Mailing Address 51 Waldo Ave

City

East Rockaway

State

NY

Zip Code

11518-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : C28009685**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00